

STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JAN 30 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Stuart D. Trachy

II. Name of lobbyist's partnership	o, firm or corporation, if a	ny:	
(Name of partners	hip, firm or corporation)		
Two Eagle Square	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603) 520-0822		email_strachy@aol.c	om
(Telephone)	(Fax)		
III. This statement covers: (Choos reportable expense transactions w			y file a separate report for
All reportable transactions occur	urring in the month prior to	the reporting date relative to the	following client:
Enterprise Holdings			
`	Name of Client as it appears	s on the Lobbyist Registration F	orm)
All reportable transactions by t unrelated to any particular client.	he lobbyist (including the lo	obbyist's family), or the lobbying	g firm listed below which are
IV. Date of Report April 26, 2 Reports cover: activity from date of October 2 activity from 7/	of registration to 3/31/17 5, 2017 [July 26, 2017 activity from 4/1/17 to 6/30/. January 31, 2018 activity from 10/1/17 to 12/3	•
V. There have been no fees received If this box is checked, complete just Concord, NH 03301.	ed and no reportable tran this form and submit it to th	sactions made since the last re the Secretary of State's Office, St	port. 🔀 ate House, Room 204,
If you have paid an honor Expense Reimbursement	or made expenditures, you a arium or reimbursed expens	must file Addendum A– Fees and ses, you must file Addendum Be ontributions, you must file Addendum Be ontributions, you must file Addendum Be ontributions, you must file Addendum Be ontributions.	
Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B and the best of my knowledge and belie (Signature of lobbyist)	RSA 664 and hereby swear	r or affirm that the foregoing info	1
Stuart D. Trachy (Print Name of lobbyist)			